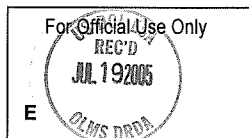


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|   |   |
|---|---|
| 1. File Number U - <u>4464</u>  | 2. Fiscal Year Covered From:<br><u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>  |
| 3. Name and address of person filing.<br>Name <u>Harry</u> <u>R</u> <u>Hillard</u><br>P.O. Box, Bldg., Room No., if any<br>Street <u>43500 Bannockburn</u><br>City <u>Canton</u><br>State <u>Michigan</u> ZIP Code + 4 <u>48187</u> | 4. Name, file number, and address of labor organization.<br>Name <u>Teamsters Local Union No. 337</u><br>Labor Organization File Number <u>033283</u><br>P.O. Box, Building and Room Number, if any<br>Street <u>2801 Trumbull Avenue</u><br>City <u>Detroit</u><br>State <u>Michigan</u> ZIP Code + 4 <u>48216</u> |
| 5. Position in labor organization.<br><u>Recording Secretary, Business Agent</u>  |   |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|  |  |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |
| 6. Name and address of Employer (including trade name, if any).<br>Name<br>Trade Name, if any:<br>P.O. Box, Bldg., Room No., if any<br>Street<br>City<br>State ZIP Code + 4  | 7.a. Nature of Interest, Transaction, or Income.<br><br>7.b. Amount. |

### Signature

|  |                           |  |
|--|---------------------------|--|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) |                           |  |
| Signed <u>[Signature]</u>  | On <u>7-11-05</u><br>Date | <u>313-965-9833 X230</u><br>Telephone Number |

|  |                       |
|--|-----------------------|
| Name of Person Filing <b>Harry Hillard</b> | File Number <b>U-</b> |
|--|-----------------------|

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

|   |   |
|---|---|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Michigan Conf. of Teamsters Welfare Fund</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <b>2700 Trumbull Avenue</b></p> <p>City <b>Detroit</b></p> <p>State <b>Michigan</b> ZIP Code + 4 <b>48216-1269</b></p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>  |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>                       | <p>11.a. Nature of such dealing.</p> <p>MI Conf. of Teamsters Welfare Fund is a Taft-Hartley multi-employer, health &amp; welfare fund providing benefits to employees represented by the Teamsters Union. Mr. Hillard is a Fund Trustee and received reimbursement for attending educational conferences.</p> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p>See Form LM-30 Additional Information Page attached.</p> <p>12.b. Amount. <input type="text"/></p> |

|  |   |
|--|---|
| <p>C. <b>Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>   |   |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> | <p>14.a. Nature of payment.</p> <p><input type="text"/></p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>   | <p>14.b. Amount of payment. <input type="text"/></p>        |

Name of Person Filing **Harry Hillard**File Number **U-****Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

**8. Name and address of Business (including trade name, if any).**Name **Groom Law Group, Chartered**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1701 Pennsylvania Ave, NW, Ste 1200**City **Washington**State **District of Columbia** ZIP Code + 4 **20006-5811****9. Business deals with:**☐ a. Labor Organization☒ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **Michigan Conf. of Teamsters Welfare Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2700 Trumbull Avenue**City **Detroit**State **Michigan** ZIP Code + 4 **48216-1269****11.a. Nature of such dealing.**

Groom Law Group, Chartered provides legal services, primarily with regard to ERISA, to the Michigan Conference of Teamsters Welfare Fund. Mr. Hillard is a Trustee of the Michigan Conference of Teamsters Welfare Fund.

**11.b. Approximate dollar value of such dealing.****\$157,000****12.a. Nature of interest held or income received.**

On 12/21/2004, Groom Law Group, Chartered gave a holiday gift to Mr. Hillard consisting of a hat (\$12 value) and a shirt (\$25 value).

**12.b. Amount.****\$37**

**Form LM-30 Additional Information Page**  
**Page 1 of 1**

Name of Reporting Employee: Harry R. Hillard  
Fiscal Year Covered From 1/1/2004 Through 12/31/2004

**Part B, Item 12.a.**

On 8/17/2004, the Michigan Conference of Teamsters Welfare Fund received a refund from the International Foundation for the registration fee and hotel deposit for Mr. Hillard to attend the IFEBP 50<sup>th</sup> Annual Employee Benefits Conference and Trustees Masters Program on 9/17 – 9/22/2004 in New Orleans, LA. In the previous fiscal year on 12/18/2003, the Board of Trustees approved Mr. Hillard's attendance at the conference and reimbursement for registration and conference costs. The Michigan Conference of Teamsters Welfare Fund paid the registration fee and hotel deposit in the previous fiscal year on 12/18/2003 in the amount of \$2,040. The difference between the deposit amount and refund amount was a cancellation fee in the amount of **\$150** that the Michigan Conference of Teamsters Welfare Fund paid on behalf of Mr. Hillard in the previous fiscal year.